ARROWHEAD REGIONAL MEDICAL CENTER SUMMARY

ENTERPRISE FUNDS	Page #	Requirements	Sources	Net Budget	Staffing
ARROWHEAD REGIONAL MEDICAL CENTER	112				
ARROWHEAD REGIONAL MEDICAL CENTER	116	450,920,892	442,423,843	(8,497,049)	3,691
MEDICAL CENTER LEASE PAYMENTS	123	42,049,251	42,049,251	0	0
TOTAL ENTERPRISE FUNDS		492,970,143	484,473,094	(8,497,049)	3,691



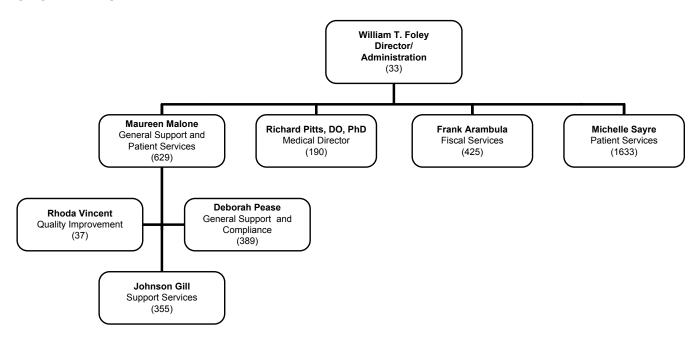
ARROWHEAD REGIONAL MEDICAL CENTER William T. Foley

DEPARTMENT MISSION STATEMENT

The San Bernardino County Arrowhead Regional Medical Center is a safety net hospital with the primary mission of providing quality healthcare—a basic necessity of humankind—to the residents of San Bernardino County. We continuously strive to improve the health of the communities we serve and become the provider of choice for the healthcare delivery and education.



ORGANIZATIONAL CHART



2013-14 ACCOMPLISHMENTS

- Transitioned 39,173 San Bernardino County residents from ArrowCare, Arrowhead Regional Medical Center's (ARMC) health plan for the uninsured, to the Medi-Cal program, exceeding the goal of transitioning 20,000 residents.
- Implemented 68 Delivery System Reform Incentive Program (DSRIP) milestones to improve population health management for ARMC patients, resulting in achieving 95% of the associated funding for Demonstration Year 8, a total of \$39.6 million.
- Reduced the use of high-cost outside agency (nurse registry) staff by \$1.0 million, a 20% reduction from the prior year.
- Received the "Get with the Guidelines" Stroke Program Silver Plus Quality Achievement Award from the American Heart Association In February 2014.
- Implemented Computerized Practitioner Order Entry in the Medical-Surgical Units (August 2013) and in the Behavioral Health Units (March 2014).
- Partnered with the Public Health and Behavioral Health departments in the development of the Community Vital Signs project. This project collected and compiled data collected from County respondents regarding various health indicators.



- Co-sponsored the 2013 Live Well, Age Well Summit, in November 2013. The Summit brought together leaders and stakeholders from various businesses and services to formulate the structure for sustainable health improvement in our communities.
- Hired 345 new employees into various positions for the delivery of care.
- Supported clinical training programs to provide skilled healthcare professionals for the County. A total of 178 physician residents participated in ARMC's Graduate Medical Education (GME) Residency Program. Fifty-four physician residents graduated in June 2013 and 54 incoming residents joined the GME program throughout the year. Nearly 2,000 nursing and allied health professional students were trained at ARMC.
- Implemented six LEAN projects designed to improve processes and outcomes for hospital acquired pressure
 ulcers, Emergency Department blood culture labeling, sepsis, stroke education, urine contamination rates,
 and medication administration.
- Completed regulatory accreditation surveys conducted by Healthcare Facilities Accreditation Program (HFAP), Centers for Medicare & Medicaid Services (CMS), College of American Pathologists (CAP), California Department of Public Health (CDPH), and received accreditation.



COUNTY GOALS AND OBJECTIVES AND DEPARTMENT PERFORMANCE MEASURES

COUNTY GOAL: IMPROVE COUNTY GOVERNMENT OPERATIONS

Objective(s): • Monitor and evaluate operations and implement strategies to continually improve

efficiency and effectiveness.

Department Strategy:

• Utilize specific methodologies as defined in ARMC's Quality Assessment and Performance Improvement Plan (such as LEAN Kaizens), focusing on key patient related processes to increase patient satisfaction and improve operational efficiencies and effectiveness.

 Improve patient satisfaction through the use of selected tools and techniques involving hospital employees and medical staff, including hourly rounding on patients, discharge phone calls, and specialty training.

Measurement	2012-13 Actual	2013-14 Target	2013-14 Estimate	2014-15 Target
Number of clinical or operational processes reviewed.	2	N/A	6	8
ARMC patient satisfaction percentile (overall rating)	69%	72%	72%	75%

COUNTY GOAL: PROVIDE FOR THE HEALTH AND SOCIAL SERVICES NEEDS OF COUNTY RESIDENTS

Objective(s): • Maximize the utilization of Federal and State programs and funding to address the needs of County residents.

Achieve Delivery System Reform Incentive Program (DSRIP) goals through clinical improvement of specific patient outcomes. DSRIP is a five year program with Federal funding proportionally tied to target attainment. DSRIP milestones change annually and become increasingly difficult and more complex.

Measurement	2012-13	2013-14	2013-14	2014-15
	Actual	Target	Estimate	Target
Percentage of DSRIP milestones achieved.	97%	N/A	95%	90%

COUNTY GOAL: OPERATE IN A FISCALLY-RESPONSIBLE AND BUSINESS-LIKE MANNER

Objective(s):

• Live within our means, fully funding the maintenance of infrastructure and facilities, the provision of state-of-the-art basic operating systems, liabilities, and reserves; while forming capital to strategically invest in the future.

Department Strategy: · Reduce the use of high-cost outside agency (nurse registry) staff, while maintaining required staffing standards through a daily review process. 2012-13 2013-14 2013-14 2014-15 Actual Target **Estimate** Target Measurement Nursing registry dollars spent. \$5M N/A \$4M \$3M



SUMMARY OF BUDGET UNITS

01	A	4	_	

	Requirements	Sources	Net County Cost	Fund Balance	Net Budget	Staffing
Enterprise Funds						
Arrowhead Regional Medical Center	450,920,892	442,423,843	0	0	(8,497,049)	3,691
Medical Center Lease Payment	42,049,251	42,049,251	0	0	0	0
Total Enterprise Funds	492,970,143	484,473,094	0	0	(8,497,049)	3,691

5-YEAR REQUIREMENTS TREND											
	2010-11	2011-12	2012-13	2013-14	2014-15						
Arrowhead Regional Medical Center	396,466,556	424,928,026	449,050,180	444,216,191	450,920,892						
Medical Center Lease Payments	43,790,480	41,825,808	42,090,345	43,150,014	42,049,251						
Total	440,257,036	466,753,834	491,140,525	487,366,205	492,970,143						

5-YEAR SOURCES TREND											
	2010-11	2011-12	2012-13	2013-14	2014-15						
Arrowhead Regional Medical Center	402,444,177	419,710,182	441,129,372	435,864,009	442,423,843						
Medical Center Lease Payments	42,988,659	41,825,808	42,090,345	43,150,014	42,049,251						
Total	445,432,836	461,535,990	483,219,717	479,014,023	484,473,094						

5-YEAR NET BUDGET TREND										
	2010-11	2011-12	2012-13	2013-14	2014-15					
Arrowhead Regional Medical Center	5,977,621	(5,217,844)	(7,920,808)	(8,352,182)	(8,497,049)					
Medical Center Lease Payments	(801,821)	0	0	0	0					
Total	5,175,800	(5,217,844)	(7,920,808)	(8,352,182)	(8,497,049)					

Note: Beginning in fiscal year 2012-13, Capital Expenditures have been included and Depreciation has been excluded in appropriation in enterprise and internal service funds for budgetary purposes. In the table above, prior years have been restated for consistency.



Arrowhead Regional Medical Center

DESCRIPTION OF MAJOR SERVICES

Arrowhead Regional Medical Center (ARMC) is a state-of-the-art acute care facility embracing advanced technology in all patient and support areas. ARMC offers the latest in patient care by providing a full range of inpatient and outpatient services, community health centers (three offsite and one onsite), Behavioral Health inpatient services, and numerous specialty services. Freeway access, shuttle service and close proximity to an Omnitrans bus hub make ARMC convenient to County residents.

Budget at a Glance

Requirements Less Reimbursements*
Sources/Reimbursements
Net Budget
Estimated Unrestricted Net Assets
Use of Unrestricted Net Assets
Total Staff
*includes Continoencies

\$450,920,892 \$442,423,843 (\$8,497,049) \$26,886,322 \$8,497,049 3,691

ARMC and Behavioral Health facilities are comprised of a total of 456 inpatient beds (90 in the Behavioral Health unit and 366 in ARMC), most of which are private. The Emergency Department is a Level II Trauma Center and consists of 15 observation rooms, 8 treatment rooms, 3 law enforcement holding rooms, 8 trauma rooms and a 9 bay Rapid Medical Emergent Treatment area to expedite treatment and improve throughput. The helicopter landing area can accommodate both standard Medi-Vac helicopters and military helicopters. The outpatient care center consists of 109 examination rooms and 8 procedure rooms.

The campus houses six buildings which also serve to outline the definitive services/medical center functions: Acute Hospital, Behavioral Health Center, Outpatient Care Center, Diagnostic and Treatment Centers, Central Plant, and the Medical Office Building.

Inpatient Care: Inpatient services provide curative, preventative, restorative and supportive care for general and specialty units, within the General Acute Care and Behavioral Health Hospital. Care is coordinated among multiple care providers responsible for patient care twenty-four hours a day. Nursing functions as a primary interface with patients, families and others, and is often the interpreter for the hospital experience and treatment plan. A primary focus is Education, and ARMC offers Residency Programs for the training of physicians in Family Medicine, Emergency Medicine, Surgery, Neurosurgery, Women's Health, and Internal Medicine.

Outpatient Services: Outpatient Care is an integral part of our multifaceted healthcare delivery system offering a wide range of emergency, primary, preventive, chronic, follow-up and specialty care in an ambulatory care setting. Visits have exceeded 250,000 annually, exclusive of the Emergency Room volume. Mobile services have been expanded to one Mobile Clinic and two Breathmobile® units for a total of three mobile units. This allows clinical services to be delivered in outlying areas.

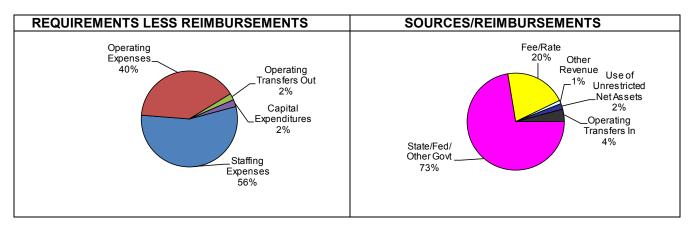
ARMC has worked diligently with the California Association of Public Hospitals to maximize funding for Medi-Cal and uninsured patients under Disproportionate Share and Safety Net Care Pool sources. These sources are provided primarily through the California section 1115 Waiver. The Waiver, implemented in November 2010, has been the funding source for substantial transformation and expansion of the Medi-cal program at ARMC.

Under the Waiver, ARMC recently completed the two year requirement for the operation of the Low Income Health Plan (LIHP), which began January 1, 2012, and ended December 31, 2013. The County of San Bernardino created a collaborative of community stakeholders and County departments, including Behavioral Health, Human Services, and Public Health, that implemented the County's LIHP, ArrowCare.

An additional funding source provided under the waiver, the Delivery System Reform Incentive Plan (DSRIP), has been an innovative approach to transforming existing delivery systems. The DSRIP has provided Infrastructure Development, Innovation Redesign, Population-Focused Improvement and Urgent Improvement in Quality and Safety. DSRIP funding is strictly tied to results and meeting transformation milestones. ARMC's DSRIP implemented 68 milestones to improve health management for ARMC patients, resulting in achieving 95% of the associated funding for Demonstration Year 8.



2014-15 RECOMMENDED BUDGET



BUDGETED STAFFING

	STAFFING	S ANALYS	SIS		5-YEAR STAFFING TREND
Authorized Positions Regular Limited Term Total Staffing Expenses	2012-13 Final 2,659 885 3,544 \$234,823,505	2013-14 Adopted 2,664 944 3,608 \$244,234,021	2013-14 Modified 2,659 962 3,621 \$247,092,447	2014-15 <u>Recommended</u> 2,710 981 3,691 \$249,854,047	3750 3500 3250 3,114 3,621 3,691 3,544 3,000 2750 3,114 3,000 2750



ANALYSIS OF 2014-15 RECOMMENDED BUDGET

GROUP: Arrowhead Regional Medical Center

DEPARTMENT: Medical Center
FUND: Medical Center

BUDGET UNIT: EAD MCR
FUNCTION: Health and Sanitation
ACTIVITY: Hospital Care

	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Estimate	2013-14 Modified Budget	2014-15 Recommended Budget	Change From 2013-14 Modified Budget
Requirements				i			
Staffing Expenses	201,506,225	213,355,057	231,529,363	243,073,755	247,092,447	249,854,047	2,761,600
Operating Expenses	168,352,555	192,521,910	189,924,979	204,369,307	179,312,122	180,362,076	1,049,954
Capital Expenditures	2,627,788	10,585,537	5,363,315	6,675,203	6,918,566	10,692,236	3,773,670
Contingencies	0	0	0	0	0	0	0
Total Exp Authority Reimbursements	372,486,568 (12,500)	416,462,504 (139,322)	426,817,657 (179,912)	454,118,265 0	433,323,135 0	440,908,359 0	7,585,224 0
Total Appropriation Operating Transfers Out	372,474,068 9,808,735	416,323,182 8,230,697	426,637,745 9,618,819	454,118,265 49,081,424	433,323,135 10,893,056	440,908,359 10,012,533	7,585,224 (880,523)
Total Requirements	382,282,803	424,553,879	436,256,564	503,199,689	444,216,191	450,920,892	6,704,701
Sources				ï			
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0 i	0	0	0
State, Fed or Gov't Aid Fee/Rate	297,112,802 89,696,625	291,865,158 97,178,302	317,139,276 91,177,192	347,051,405 81,973,580	322,671,588 76,464,564	326,772,943 92,065,054	4,101,355 15,600,490
Other Revenue	14,660,124	2,151,835	30,112,490	5,023,654	6,171,757	5,130,054	(1,041,703)
Total Revenue Operating Transfers In	401,469,551 974,630	391,195,295 38,312,185	438,428,958 23,561	434,048,639 63,558,372	405,307,909 30,556,100	423,968,051 18,455,792	18,660,142 (12,100,308)
Total Sources	402,444,181	429,507,480	438,452,519	497,607,011	435,864,009	442,423,843	6,559,834
Net Budget*	20,161,378	4,953,601	2,195,955	(5,592,678)	(8,352,182)	(8,497,049)	(144,867)
				Budgeted Staffing	3,621	3,691	70

^{*}Net Budget reflects Total Sources less Total Requirements for Internal Service and Enterprise funds. When Net Budget is negative, it means that the department will be using assets that have been carried over from the prior year.

MAJOR EXPENDITURES AND REVENUE IN 2014-15 RECOMMENDED BUDGET

Staffing expenses of \$249.9 million fund 3,691 budgeted positions. Operating expenses of \$180.4 million are comprised primarily of medical supplies, physician fees, purchased medical services, external provider care services, insurance, utilities, and rent expense. Capital expenditures of \$10.7 million fund needed clinical and non-clinical equipment purchases.

Operating transfers out of \$10.0 million primarily represents costs budgeted for debt service in the amount of \$8.0 million. The remaining \$2.0 million represents costs for construction projects, which are being managed by the Architecture and Engineering department.

Total revenue of \$424.0 million includes \$326.8 million in state and federal funding primarily from Medicare and Medi-Cal; \$92.1 million in current services from private pay patients and insurance; and \$5.1 million in other revenue from cafeteria sales, interest, miscellaneous grants, and services provided to other County departments and hospitals through the residency program.

Operating transfers in of \$18.5 million represents the portion of Health Realignment allocated to ARMC. The expansion of Medi-Cal that took place in January 2014 has decreased the amount of uninsured patients thus impacting the amount of Realignment the County receives for healthcare costs incurred on uninsured patients.

BUDGET CHANGES AND OPERATIONAL IMPACT

During 2013-14, ARMC responded to the biggest payer change in its history. It has been two years of preparation as Medi-Cal access and eligibility was expanded through the Affordable Care Act, effective January 1, 2014.

Requirements are increasing by \$6.7 million. This is primarily due to an increase of \$2.8 million in staffing expenses, representing an increase in retirement costs and the addition of 70 net budgeted positions related to regulatory, quality improvement, and volume requirements. Operating expenses are increasing by \$1.0 million, which includes an increase in COWCAP costs, insurance costs, and professional and special services, offset by



decreased Medically Indigent Adult program costs due to increased Medi-Cal availability. Capital expenditures are increasing by \$3.8 million due to equipment replacement needs. Operating transfers out are decreasing by \$0.9 million due to completion of various capital projects.

Sources are increasing by \$6.6 million primarily due to the implementation of the Affordable Care Act. Medi-Cal revenues are increasing by \$76.2 million, offset by a decrease of \$53.0 million due to a reduction in Safety Net Care Pool and discontinuation of the Low Income Health Program (LIHP). Federal reimbursement is reduced by \$19.1 million due to a reduction in Medicare inpatient payments, meaningful use grant funds, and Disproportionate Share Hospital (DSH) payments. Current services revenue is increasing by \$15.6 million due to increased reimbursement from Behavioral Health, Self-Pay patients, and Commercial payers. Other operating revenue is decreasing by \$1.0 million due to reduction in resident reimbursement. Realignment revenues are decreasing by \$12.1 million as a result of AB 85 legislation. This legislation requires a redirection of a portion of realignment revenues to offset state costs for CalWORKS since counties will receive more federal funding through Medi-Cal expansion.

STAFFING CHANGES AND OPERATIONAL IMPACT

Staffing expenses of \$249.9 million fund 3,691 budgeted positions of which 2,710 are regular positions and 981 are limited term positions. The 2014-15 budget includes a net increase of 70 positions (addition of 111, deletion of 41). This includes a net increase of 52 regular positions and 18 limited term positions to address existing operational needs related to regulatory requirements, quality improvement, and to maintain staffing ratios based on volume. Twenty one Registered Nurse IIs and 14 Registered Nurse II-Per Diems have been added to reduce overtime and nurse registry usage. Fifteen limited term Custodians were added to ensure proper coverage to address cleanliness in the hospital.

A total of 111 positions are added to the budget (65 regular, 46 limited term) as follows:

Additions

Accounting Technician (1 regular) Ancillary Receivables Manager (1 regular) Assistant Manager-Laboratory (1 regular) Assistant Manager-Medical Imaging (1 regular) Assistant Manager-Nutrition Services (1 regular) Clinic Assistant (8 regular) Clinical Therapist I (2 regular) Contract Social Svc Practitioner (1 limited term) Custodian (15 limited term) Family Health Clinic Office Manager (3 regular)

Health Education Specialist II (2 regular) Health Info Mgmt Assistant I (3 limited term) Hospital Unit Assistant (1 regular, 2 limited term) Lead Physical Therapist (1 regular) Lead Speech Therapist (1 regular) Licensed Vocational Nurse II (4 regular) LVN II-Per Diem (3 limited term) Mental Health RN II (7 regular) Nursing Attendant (3 regular) Office Assistant II (1 regular, 1 limited term)

Office Assistant III (1 regular, 2 limited term) Psychiatric Tech I (3 regular, 5 limited term) Registered Nurse II (21 regular)

Registered Nurse II-Per Diem (14 limited term) Social Service Practitioner (1 regular)

Staff Analyst II (1 regular)

A total of 41 vacant positions have been deleted (13 regular, 28 limited term) based an operational assessment of staffing requirements.

Deletions:

Clinic Assistant (1 regular, 1 limited term) Cont. Home Health Social Worker (2 limited term) Cont. Home Health Reg. Therapist (1 limited term) Contract Social Service Practitioner (1 limited term) Contract Ancillary Receivables Mgr (1 limited term) Contract Arrowcare Medical Dir (1 limited term) Contract Respiratory Care Pract (2 limited term) Education Services Supervisor (1 regular) Float Pool RN-Per Diem (1 limited term) Health Info Management Assistant I (1 regular) Hospital Unit Assistant (2 regular)

Licensed Vocational Nurse II (1 regular) LVN II-Per Diem (2 limited term) Office Assistant II (1 regular, 1 limited term) Office Specialist (1 limited term) Public Service Employee (7 limited term)

Registered Nurse II (3 regular)

Laboratory Technologist II (1 regular*)

Registered Nurse II-Per Diem (6 limited term)

Security Technician I (1 regular) Student Nurse (1 limited term)

Ultrasound Technologist II (1 regular*)



Reclassifications are included in the budget to better align position classifications with assigned work duties. The majority of recommended reclassifications are related to the Family Health Care Clinics moving toward the Population Health Management model, which focuses on the most acutely ill ambulatory patients to improve their care. Registered Nurse II-Clinic positions and Clinic Assistants are being reclassified to Family Health Clinic Care Managers and Clinic Assistant IIs, respectively, to follow the Population Health Management model.

2014-15 POSITION SUMMARY

Division	Regular	Limited Term	Total	Filled	Vacant	New	Total
Administration	33	0	33	30	3	0	33
General Support and Patient Services	471	158	629	499	74	56	629
Medical Director	11	179	190	190	0	0	190
Fiscal Services	390	35	425	371	45	9	425
Patient Services	1,136	497	1,633	1,328	279	26	1,633
Quality Improvement	32	5	37	35	2	0	37
Support Services	318	37	355	312	28	15	355
General Support and Compliance	319	70	389	338	46	5	389
Total	2,710	981	3,691	3,103	477	111	3,691

	Administration		Patient Services		Support Services
	assification Classification			(Classification
1	Administrative Analyst III	8	ARMC House Supervisor-Per Diem	2	Air Conditioning Mechanic
1	ARMC Chief Operating Officer	16	Assistant Nurse Manager		Ambulatory Clinic Manager
•			<u> </u>	2	, ,
1	ARMC Medical Director	2	AsstHospAdmin-NursingSvcs	1	ARMC Bldg Maint and Secty Mgr
1	Director Arrowhead Reg Med Ctr	4	Burn Care Technician	1	ARMC Facilities Project Coord
1	Executive Assistant	3	Certified Trauma Registrar	1	ARMC Safety Technician
1	Executive Secretary II	1	Chief Nursing Officer	1	Assistant Manager-Environ Svs
1	Executive Secretary III -Class	12	Clinic Assistant	1	Assistant Manager-Facilities
7	Fiscal Specialist	1	Clinical Nurse Specialist	1	Assoc Hosp Adm Professional Sv
1	General Services Aide	4	Cont Surgical Tech	1_	Asst Hosp Admin-Ambulatory Svc
4	Office Assistant II	1	Education Services Supervisor	5	Bio-Medical Electronic Tech I
1	Office Assistant III	30	Emergency Room Technician	1	Bio-Medical Electronic Tech II
1	Office Specialist	2	Fiscal Assistant	5	Building Plant Operator
1	Personnel Technician	5	Float Pool Regstrd Nurse-PDiem	3	Cont ARMC Security Technician
7	Secretary I	1	Health Education Specialist II	154	Custodian I
1	Secretary II	1	Hospital Employee Health Nurse	3	Custodian II
1	Staff Analyst I	1	Hospital Services Worker	3	Electrician
1 1	Staff Analyst II	81	Hospital Unit Assistant	7 4	General Maintenance Mechanic
33	Supervising Fiscal Specialist Total	3 3	House Supervisor Lic Vocational Nurse-Per Diem	2	General Maintenance Worker General Services Aide
33	Total	3 74	Licensed Vocational Nurse II	5	Hospital Plant Operator
		1	Multimedia Coordinator	ວ 1	Hospital Services Worker
		10	Nurse Educator	6	Linen Room Attendant
		13	Nurse Manager	1	Maintenance Supervisor
		3	Nurse Supervisor	1	Medical Center Hskpg/Linen Man
		132	Nursing Attendant	33	Office Assistant II
		4	Nursing Program Coordinator	2	Office Assistant III
		4	Office Assistant II	3	Painter I
		4	Office Assistant III	3	Plumber
		353	Registered Nurse II - Per Diem	1	Registered Nurse II - Clinic
		678	Registered Nurse II-ARMC	4	Secretary I
		1	RegisteredCardioPulmonaryNurse	1	Secretary II
		1	Respiratory Care Practitioner2	71	Security Technician I
		4	Secretary I	10	Security Technician II
		1	Secretary II	1	Staff Analyst II
		31	Sterile Processing Technician	1	Stores Specialist
		4	SterileProcessingTechnician1	1	Supervising Office Specialist
		2	SterileProcessingTechnician2	4	Supervising Security Technicia
		1	Stores Specialist	1	Supvg Bio Med Elect Tech
		90	Student Nurse	7	Supvg Custodian
		1	Supvg Sterile ProcessingTech	355	Total
		14	Surgical Technician		
		23	Telemetry Technician		
		4	Ultrasound Technologist II		
		1	Utilization Review Technician		
		1633	Total		



Medical Director General Support and Patient Services Fiscal Services Classification Classification Administrative Supervisor I ARMC Patient Navigator Accountant III Cont Resident PGY III AsstHospAdm-BehavioralHealth Accounting Technician Ast Dir of Respiratory Care Sv 13 Cont Resident PGY IV Administrative Supervisor I Cont Resident PGY V 51 Clinic Assistant Administrative Supervisor II 143 Cont Resident PGY VI 51 Clinic Assistant II Ancillary Receivables Manager Cont Resident PGY VII Clinic Supervisor-ARMC Applications Specialist 3 8 19 ARMC Chief Financial Officer **Education Specialist** Clinical Therapist I 6 11 ARMC Medical Srvcs Prgrm Coord Clinical Therapist II Office Assistant II Secretary I Clinical Therapist Pre-License ARMC Social Services Manager Staff Analyst I Cont Occupational Therapist II Ast Hosp Administrator Fiscal Statistical Analyst 35 Cont Resp Care Prac II 10 Automated Systems Analyst I Director of Respiratory Care Svs Automated Systems Analyst II 190 Family Health Clinic Care Manager Automated Systems Technician 13 Family Health Clinic Office Manager **Business Applications Manager** 3 Business Systems Analyst I General Services Worker II Business Systems Analyst II Health Education Specialist II 3 Business Systems Analyst III Health Services Assistant I 3 Hospital Risk Coordinator Case Management Coordinator Hospital Services Worker Case Management Supervisor 29 Hospital Unit Assistant Chargemaster Analyst House Supervisor Chief Medical Informtn Officer 18 Lic Vocational Nurse-Per Diem Collections Officer Licensed Vocational Nurse II Cont Interim Medical Rec Sup Cont Medi-Cal Specialist Licensed Vocational Nurse III 6 Mental Health Clinic Supervisor Cont Social Srv Practitioner Mental Health Nurse II Cont. Asst. Hosp. Admin-Fiscal 54 Mental Health Nurse Mgr-ARMC Cont. Asst. Hosp. Adm-Pnt Fisc ContManagerPreMediCalQualDept 2 Neurodiagnostic Technolgst II Neurodiagnostic Technologist ContSpvsrPreMediCalQualDept Departmental IS Administrator Nurse Educator 2 48 Nursing Attendant 26 Fiscal Assistant Occupational Therapist II Fiscal Specialist General Services Aide Occupational Therapy Assistant Health Info Mgmt Assistant I Health Info Mgmt Assistant II Office Assistant II 53 18 Office Assistant III 10 Office Specialist Health Info Mgmt Assistant III Licensed Vocational Nurse II Oral Surgery Technician Orthopedic Technician 1 Material Manager 4 Medical Records Coder I Patient Navigation Prgm Coord. 12 49 Psychiatric Technician I Medical Records Coder II Pulmonary Function Specialist Medical Records Manager Registered Nurse II - Clinic Medical Records Supervisor Registered Nurse II - Per Diem 28 Office Assistant II 71 Registered Nurse II-ARMC Office Assistant III 79 Respiratory Care Practitioner2 Office Assistant IV 27 Respiratory Therapist Office Specialist 6 18 RespiratoryCarePractitioner2 2 Patient Accounts Supervisor RespiratoryCarePractitioner3 Programmer Analyst I Secretary I Programmer Analyst II SterileProcessingTechnician1 3 Public Service Employee Supervising Office Assistant Registered Nurse Case Manager Supvg Respiratory Care Practit Registered Nurse II - Per Diem Registered Nurse II-ARMC Util Rvw/Perform Imp Nurse 629 RN Case Manager-Per Diem Total 11 Secretary I Social Service Practitioner 10 Staff Analyst I 6 Staff Analyst II Storekeeper Stores Specialist Supervising Office Assistant Supervising Office Specialist Supvg Auto Systems Analyst I Supvg Health Info Mgmt Assist



Supvg Utilization Review Techn Systems Support Analyst II Utilization Review Technician

425

Quality Improvement

Classification

- Assoc Hosp Adm Professional Se
- AsstHospAdmin-NursingSvcs
- Ast Hosp Administrator Fiscal
- Biostatistician
- Cont Mktg&Bus Dev Coord -ARMC
- Librarian II
- Library Assistant I
- Lic Vocational Nurse-Per Diem
- Licensed Vocational Nurse II
- Media Specialist
- Medical Staff Coordinator
- Nurse Epidemiologist
- Office Assistant II
- Office Specialist
- Photographer
- Quality Improvemnt Coordinator
- Registered Nurse II Per Diem
- Registered Nurse II-ARMC
- Secretary II
- Spvg Medical Staff Coordinator
- Staff Analyst II
- Tumor Registrar
- Util Rvw/Perform Imp Nurse

Total

General Support and Compliance

- <u>Classification</u>
 1 Administrative Supervisor I
- 1 ARMC Ethics & Compliance Coord
- 1 ARMC Executive Chef
- ARMC Laboratory Manager
- Assistant Manager-Laboratory
- Assistant Manager-Medical Imaging
- Assistant Manager-Nutrition Svs
 Assoc Hosp Adm Professional Se
- **Autopsy Assistant**
- 4 Clinic Assistant
- Compliance Specialist
- Cont First Five Public Ed Cord
- 4 Cont Occupational Therapist II
- 12 Cont Physical Therapist II
- 19 Cont Radiological Tech
- 4 Cont Rehab Therapist Speech
- 6 Cont Spec Procedures Rad Tech
- 3 Cont Ultrasound Tech
- 6 Cook I
- 10 Cook II
- 3 Cook III
- 3 Cytotechnogist
- 4 Dietary Services Supervisor
- 3 Dietetic Technician
- 10 Dietitian
- First Five Contract Dentist
- 1 First Five Project Director
- 2 Fiscal Assistant
- 31 Food Service Worker I
- 13 Food Service Worker II
- 3 General Services Aide
- 2 Histology Technician
- 1 Hospital Customer Advocate
- 19 Laboratory Assistant
 31 Laboratory Technologist II
- 7 Laboratory Technologist III
- 3 Laboratory Technologist Intern
- 1 Lead Occupational Therapist
- Lead Physical Therapist
- Lead Speech Therapist
- 2 Nuclear Medicine Technologist
- 5 Occupational Therapist II
- Occupational Therapy Assistant
- 34 Office Assistant II

- Classification
 Office Assistant III
- Office Assistant IV
- Office Specialist
- Phlebotomist
- Physical Therapist Assistant
- Physical Therapist II 11

General Support and Compliance (Continued)

- Privacy & Compliance Specialst Radiographic Clinical Instruct
- 15 Radiologic Technologist II
- Radiologic Technologist III Radiologic Technologist School
- Radiology Manager Radiology Supervisor
- Registered Nurse II Per Diem
- 5 Registered Nurse II-ARMC
- Rehabilitation Services Aide
- Rehabilitation Services Manag
- Secretary I
- Secretary II
- Special Proc Rad Technolog 2 13
- Special Proc Rad Technolog 3
- Speech Therapist
- Staff Analyst I
- Staff Analyst II
- Stores Specialist Supervising Office Assistant
- Supervising Phlebotomist
- Supv Rehabilitation Therapist
- Supvg Dietitian
- Supvg Laboratory Technologist 6
- Ultrasound Technologist II
- Ultrasound Technologist III
- Util Rvw/Perform Imp Nurse Volunteer Services Coordinator
- 389 Total



Medical Center Lease Payments

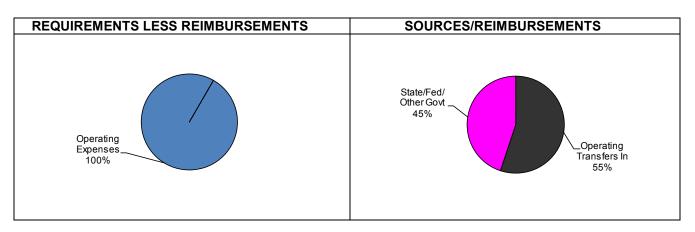
DESCRIPTION OF MAJOR SERVICES

This budget unit funds the cost of long-term lease payments to the Inland Empire Public Facilities Corporation for the Arrowhead Regional Medical Center (ARMC) facility. Funding sources include state revenues from the Construction Renovation/Reimbursement Program (SB 1732). This program provides supplemental

Budget at a Glance	
Requirements Less Reimbursements*	\$42,049,251
Sources/Reimbursements	\$42,049,251
Net Budget	\$0
Estimated Unrestricted Net Assets	\$0
Use of Unrestricted Net Assets	\$0
Total Staff	0
*Includes Contingencies	

reimbursement for construction, renovation, or replacement of medical facilities or fixed equipment. Other funding sources are operating transfers from ARMC consisting of Medicare and fee for service revenues, and operating transfers from the general fund backed by Health Realignment revenues and tobacco settlement proceeds.

2014-15 RECOMMENDED BUDGET





ANALYSIS OF 2014-15 RECOMMENDED BUDGET

GROUP: Arrowhead Regional Medical Center
DEPARTMENT: Arrowhead Regional Medical Center
FUND: Medical Center Lease Payments

BUDGET UNIT: EMD JPL FUNCTION: General

ACTIVITY: Property Management

	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Estimate	2013-14 Modified Budget	2014-15 Recommended Budget	Change From 2013-14 Modified Budget
Requirements				į			
Staffing Expenses	0	0	0	0	0	0	0
Operating Expenses	42,988,658	41,526,830	41,657,396	42,321,735	43,150,014	42,049,251	(1,100,763)
Capital Expenditures	0	0	0	0	0	0	0
Contingencies	0	0	0	0	0	0	0
Total Exp Authority	42,988,658	41,526,830	41,657,396	42,321,735	43,150,014	42,049,251	(1,100,763)
Reimbursements	0	0	0	0	0	0	
Total Appropriation	42,988,658	41,526,830	41,657,396	42,321,735	43,150,014	42,049,251	(1,100,763)
Operating Transfers Out	0	0	0	0	0	0	
Total Requirements	42,988,658	41,526,830	41,657,396	42,321,735	43,150,014	42,049,251	(1,100,763)
Sources				!			
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	19,500,334	18,820,181	18,901,369	21,283,568	19,063,823	18,877,576	(186,247)
Fee/Rate	0	0	0	0	0	0	0
Other Revenue	0	0	769,768	0	0	0	0
Total Revenue	19,500,334	18,820,181	19,671,137	21,283,568	19,063,823	18,877,576	(186,247)
Operating Transfers In	23,488,324	22,706,649	21,986,259	20,975,377	24,086,191	23,171,675	(914,516)
Total Sources	42,988,658	41,526,830	41,657,396	42,258,945	43,150,014	42,049,251	(1,100,763)
Net Budget*	0	0	0	(62,790)	0	0	0
				Budgeted Staffing	0	0	0

^{*}Net Budget reflects Total Sources less Total Requirements for Internal Service and Enterprise funds. When Net Budget is negative, it means that the department will be using assets that have been carried over from the prior year.

MAJOR EXPENDITURES AND REVENUE IN 2014-15 RECOMMENDED BUDGET

Operating expenses of \$42.0 million represent lease payments and associated fees and expenses.

State, federal, or government aid revenue of \$18.9 million is from the state's Construction Renovation/Reimbursement Program (SB 1732). The amount reimbursed by the state depends on the allowable portion of the lease payments multiplied by a rate that is calculated by the state every year. The rate fluctuates based on actual Medi-Cal inpatient days paid to ARMC.

Operating transfers in of \$23.2 million are funded by \$10.7 million of Tobacco Master Settlement Agreement monies, \$4.5 million of Health Realignment funds, and \$8.0 million in revenues anticipated to be generated by ARMC.

BUDGET CHANGES AND OPERATIONAL IMPACT

Requirements are decreasing by \$1.1 million primarily due to reduced costs associated with a payment of rebate to the federal government in 2013-14 which will not recur in 2014-15, which results in a reduction of sources needed to meet requirements.

STAFFING CHANGES AND OPERATIONAL IMPACT

There is no staffing associated with this budget unit.

